MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10547249	

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓		✓				51					✓		
2		✓		✓			52					✓		
3		✓		✓			53					✓		
4				✓			54					✓		
5				✓			55					✓		
6				✓			56					✓		
7				✓			57					✓		
8				✓			58					✓		
9				✓			59					✓		
10				✓			60					✓		
11				✓			61			✓				
12				✓			62					✓		
13				✓			63					✓		
14				✓			64					✓		
15				✓			65					✓		
16				✓			66					✓		
17				✓			67					✓		
18				✓			68					✓		
19				✓			69					✓		
20				✓			70					✓		
21			✓	✓			71			✓				
22				✓			72					✓		
23				✓			73					✓		
24				✓			74					✓		
25				✓			75					✓		
26				✓			76			✓				
27				✓			77					✓		
28				✓			78					✓		
29				✓			79					✓		
30				✓			80					✓		
31				✓			81					✓		
32				✓			82							
33				✓			83							
34				✓			84							
35				✓			85							
36				✓			86							
37				✓			87							
38				✓			88							
39				✓			89							
40			✓				90							
41				✓			91							
42				✓			92							
43				✓			93							
44				✓			94							
45				✓			95							
46				✓			96							
47				✓			97							
48				✓			98							
49				✓			99							
50				✓			100							
TOTAL IND							TOTAL IND	9						
TOTAL DEP							TOTAL DEP							
TOTAL CLAIMS							TOTAL CLAIMS	80						